

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>10/25/99</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>TPB</i>	<i>70014</i>	<i>11/10/99</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	<i>7/27/99</i>
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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